



# HIMALAYAN HEALTHCARE

2015 ANNUAL REPORT







## OUR MISSION

Himalayan HealthCare seeks to improve quality of life for some of Nepal's most marginalized communities by providing primary healthcare, community education and income-generation opportunities. This tri-pronged approach to sustainable development empowers villagers to help themselves and become self-supporting over the long-term.

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# INTRODUCTION

Himalayan HealthCare (HHC) is a non-profit, non-governmental and non-denominational organization providing healthcare, education and income-generation opportunities to remote mountain communities in rural Nepal. Since our formation in 1992, HHC has successfully launched local initiatives and community development programs with a particular focus on the regions of Ilam and Northern Dhading, which historically have had little support from government agencies or other NGOs.

For more than two decades, HHC has been committed to the principle that the people we assist can be best served by a long-term commitment that addresses their fundamental needs and helps establish a foundation for meaningful and multi-generational improvements in their lives. We encourage villagers to develop the tools needed to help themselves over the long-term.

The aftermath of the Nepal's war, with its political uncertainty, struggling governance and economic drudgery, continues to make life

difficult for the Nepalese. Our staff continues to carry out our work despite the challenges caused by ongoing political changes and other hardships in Nepal, including the earthquake that devastated significant areas in Nepal in April 2015.

HHC first established itself in the isolated villages of Northern Dhading District, a region in Nepal's Ganesh Himal mountain range, roughly 60 miles northwest of Kathmandu. Though relatively close in distance to the capital city, the villages are extremely remote, accessible only by foot –with some a three-day walk from the nearest road—and at altitudes of 14,000 feet. The villages lack clean drinking water and electricity and have been severely affected by the legacy of Nepal's caste system.

Our focus in Dhading has been on the Tamang and Dalit people. Sometimes called "the untouchables," these ethnic minority groups still face significant obstacles to self-improvement in Nepal.

In 1992, in a single village, we began our basic health program of de-worming, rehydration therapy during diarrhea illnesses, antibiotic treatment of respiratory and other acute infections, and distribution of supplemental vitamins. Today, three village health posts provide these and many other services. They are staffed by local villagers trained by HHC as health providers. These health posts now serve thousands of people in remote and isolated villages where government services are rudimentary. HHC Medical treks, twice a year, bring international medical professionals to these villages; often changing the lives of our trekkers as much as the lives of the villagers they serve.

From the northern hills of Dhading and Dolakha, in 2000 HHC expanded its rural health campaign to Ilam, a hill region of two towns and 48 villages near Nepal's eastern border with India. Prior to HHC's involvement in Ilam, the region had only one doctor to serve its 250,000 people.

HHC opened its community hospital in 2004 to better serve the villages of Ilam. Patients from neighboring Panchthar and Taplejung districts have also found their way to the hospital. Due to popular demand, the Ilam hospital expanded its services to mobile clinics and specialty clinics, benefiting from the expertise of local and international doctors and medical volunteers. The community hospital as a model hopes to find ways to improve the quality of care to serve the rural community with affordable and equitable healthcare. It also seeks community and government support for its long-term sustenance.

Our work in rural Nepal takes many forms: We supply essential medicines to the villages and help patients secure specialty care in Kathmandu's hospitals, while we train locals to become health providers. We support eight village schools directly by funding teachers' salaries, student scholarships and books and supplies, and another ten schools indirectly.

Presently, HHC focuses on developing school

infrastructure and training teachers together with the District Education Offices. HHC projects often focus on women, who form the foundations of the community, taking care of the home and children, fetching water and firewood and engaging in farm work beside the men. HHC facilitates skills training and creates work opportunities that enable women to gain more financial independence and self-respect. We continue to help women practice safer motherhood.

HHC addresses the need for long-term financial solutions for these villages. Our programs train villagers as teachers, health providers and skilled technicians. Many of our sponsored students have assumed the responsibility of leading their people. We continue to sponsor micro-enterprise and entrepreneurs in the villages, supporting ongoing income-generating projects and providing seed money and access to markets for new ventures.

One of our most successful projects is our line of handcrafted artisanal goods, JeevanKala. The

crafts, which are made from recycled and locally sourced materials, can be found in stores in Kathmandu and throughout North America and Europe. A proud member of the Fair Trade Federation, JeevanKala has trained and supported more than 1,000 artisans in Nepal and raised more than \$1 million to support HHC's programs.

The operating premise of HHC is to help villagers to become self-reliant by addressing their basic healthcare, education and income-generation needs. We hope to give the villagers a foundation for a prosperous future independent of our assistance. HHC exists to provide care, opportunity and hope to the people of rural Nepal.





Photo Credit: Dr. Robert McKersie

## A NOTE FROM OUR FOUNDER



Dear Friend,

2015 was a difficult year for Himalayan HealthCare and the people of Nepal. On April 25, a magnitude 7.8 earthquake struck Nepal, with the epicenter close to our Northern Dhading villages. The quake lasted for 100 seconds, during which time it demolished more than two decades of HHC's community development work in Tipling, Lapa, Shertung and other nearby villages.

In total, the earthquake claimed more than 9,000 lives and destroyed upwards of 770,000 homes, 50,000 classrooms and 1,000 health posts nationwide.

We were further challenged when a five-month blockade was imposed along the border with India, severely limiting access to fuel, cooking oil, medicines and other crucial supplies. Prices of basic necessities skyrocketed and daily life for Nepalis, still reeling from the earthquake, became nearly unbearable.



With your support and the tireless work of our field staff, we have persevered through one the most challenging years in our history, providing emergency relief and recovery services to approximately 350,000 individuals in Dhading District.

We have also continued our commitments to village programs, including:

- Providing training, dignified work and health and education benefits to more than 200 artisans
- Treating 758 patients during our Spring 2015 medical trek
- Offering family planning to 1,153 individuals and safe motherhood care to 461
- Supporting agricultural programs for 351 farmers
- Providing school stipends to 41 Dalit children
- Treating 2,053 patients at our Ilam hospital and outreach camps
- Reaching 141 through women's empowerment programs

We thank you for supporting these crucial programs in rural Nepal and invite you to read more about the impact of your 2015 donations.

Namaste,



Anil Parajuli

Co-founder, Himalayan HealthCare



Photo Credit: Louis Decarlo







# VILLAGE PROGRAMS

HHC's approach to improving quality of life in rural Nepal and achieving sustainable development goals consists of three vital pillars: healthcare, education and income generation.

Poverty is at the root of Nepal's poor health and literacy outcomes. Given the close inter-relationship of poverty and health, and subsequent economic consequences, HHC seeks to address this cycle in a systematic way allowing the villagers to achieve an improved quality of life.

## 1. HEALTHCARE

Our village health program began by combating acute diarrheal, pneumonia, and other easily treatable illnesses that caused many children to die. At that time, the Under-Five Child Mortality Rate (U5MR) in Tipling was 225 per 1,000 live births, and one HHC-trained health provider soon made a significant difference, with many fewer children dying needlessly. The parents then began to have faith in the health providers and the health post emerged as the center of HHC village activities. In order to improve the hygiene of the village, HHC introduced literacy classes that taught the importance of clean water and the use of latrines - the result was that resources were able to be shifted from the purchase of deworming and diarrhea medicines and allocated towards education and programs. Because children are one of HHC's priorities, we helped the villages improve their school programs. We began by installing toilets and clean water faucets in the Tipling school.

By 2012, the U5MR in the villages of Tipling, Shertung, and Lapa had been reduced to 33 per 1,000; 39 per 1,000; and 32 per 1,000, respectively. In 2013, the villages were on pace to reduce U5MR to an average rate of 31 per 1,000 for the year. This is below the national average for Nepal of 39/1000. (World Bank data 2013).

In 2015, we were working directly with nine of the eighteen schools in the region. As a direct result, the children in these villages have become much healthier.

Since our beginning, over 500 medical professionals have volunteered on our medical and dental treks and have helped raise hundreds of thousands of dollars to support our village programs. These volunteers provide vital training as they work alongside our Nepali health providers thereby assuring continuity in our village health programs.

## 1.1 Village Clinics (Health Posts)

Prior to 2013, local health providers, trained by HHC, ran the health posts in Tipling, Shertung and Lapa. HHC also provided basic equipment and medications to these remote health posts.

During 2012, with the villagers and HHC's proposed cost-sharing, step-wise plan toward long-term self-reliance and sustainability, the government gradually increased its support of these health providers and health posts. Antibiotics, vitamins, iron, folic acid, and de-worming medications continue to be part of the basic formulary. HHC continued to provide basic equipment and drugs to these remote health posts with the villages supporting an increasing part of the salary of the health providers as well as one-half the cost of the health post medicines. With the government plan of increased support for village healthcare, and the local youth leaders' guidance, we were able to move away from direct support of the health posts.

In 2013 HHC stopped its direct involvement with the running of the village health posts to provide an opportunity for the local authorities and health providers to carry on the services that HHC provided for two decades. HHC continues to monitor the activities of the providers both to maintain the standard of care as well as provide essential trainings, supply of essential instruments and equipment, building infrastructure, and helping create sustainable means to support the local health posts.



Photo Credits: Robert Stern, Robert Rosenthal, Christina Madden



## **1.2 Safe Motherhood and Vaccine Support Programs**

Village auxiliary health workers and health assistants served 11,807 patients during 2015 in the three villages of Tipling, Serthung and Lapa.

275 patients were provided anti-natal care, 62 were given care during delivery and 124 received post-natal care in the three villages where once there was not a single midwife. Both the auxiliary health workers and the auxiliary nurse midwife continue to educate mothers on the benefits of immunization and encourage them to bring their children to the health posts during the government stipulated monthly vaccination days.

1,087 vaccines were given to children in 2015 for diphtheria, encephalitis, tetanus, tuberculosis, polio, and measles.

## **1.3 National Tuberculosis Program Support**

Tuberculosis has always been a serious health threat in the villages of Nepal. HHC initially diagnosed and treated all cases in the villages. However, with the improvement of the government tuberculosis program and the DOT (Direct Observation Therapy) program implementation, our village health providers at the clinics now identify potential TB cases and refer (and when necessary escort) them to either the district hospital (a two-day walk) or The National Tuberculosis Center in Kathmandu.

## **1.4 Voluntary Family Planning**

HHC-trained auxiliary health workers and auxiliary nurse midwives counsel community women groups on family planning based on government guidelines. In 2015, HHC provided oral contraceptive pills to 32 beneficiaries, Depo Provera® to 508 beneficiaries, Norplant® to 3 beneficiaries, condoms to 577 beneficiaries and Intrauterine Contraceptive Devices to 33 beneficiaries.

## **1.5 Referred Village Patients**

Village patients who are referred for specialty care to city hospitals typically cannot afford the costs for this healthcare. HHC provides support for patients in such need. In 2015, we provided financial support to 53 patients in need of specialty treatment for conditions including heart disease, hearing loss, epilepsy, cataracts and appendicitis.

## 1.6 Nutrition and Vitamins

HHC's research on the nutritional status of children under five in the village of Tipling, showed that over 50% of the children were malnourished or underweight. Based on these findings, mothers have been encouraged to bring their children to the health posts for regular evaluations and care. Mothers are supported and trained, by village health providers, in the proper preparation and storage of blended foods that are high in protein and vitamins from local food grains. In addition, visiting health posts have supplied multi-vitamins and minerals since 1992.

Prior to the government program, HHC initially provided Vitamin A capsules (sustained release) every six months for over eight years to help prevent blindness and Vitamin A deficiency, but now supports the government Vitamin A program for children under five by monitoring and dispensing Vitamin A during the government stipulated months of April and October. With initial support from Médecins Sans Frontières, (Holland), HHC has researched the use of RUTF (Ready-to-Use-Therapeutic Foods) in treatment of acute severely malnourished children, and is considering a partnership with an international organization to provide this for the villages.

## 1.7 Sanitation Project

Since inception, HHC has supported temporary latrine projects in the villages of Tipling, Shertung, and Lapa. These sanitary systems were first initiated through the adult literacy classes; lessons were created in the syllabus to teach the importance of a proper sanitation system.

The literacy teachers were trained in latrine building and taught this valuable skill to their students. Subsequently, each literacy student was asked to build their own temporary pit latrine as illustrated in their book. To ensure that the students complied, they assisted one another with the building of the latrines. Within two years over 150 pit latrines were built in these three villages. In addition, the village committee enacted a ban on defecating near water sources and has an active campaign to encourage villages to build and use these temporary latrines.

Over the years HHC has also funded public toilets in schools and other communal areas of the villages. In 2009, HHC launched a permanent toilet (pans style) campaign in Northern Dhading to build a toilet with a septic system for every household. HHC first began this in partnership with the village of Shertung after consultation with the political leaders. HHC funded the costs of the building materials (corrugated tin sheets for the roof, plain tin sheets for the door, cement and reinforced steel bars for the slab, and large pipe for the septic tank). Each household provided the property to build the toilets, building materials (wood and stones, available in the village), and labor.

In 2015 HHC provided 26 toilets in Shertung, Tipling and Lapa, benefiting more than 150 individuals.



## 1.8 Efficient Woodstove Project

Smoke-filled homes are a major cause of lung disease in Nepal's villages. Children and the elderly are the most vulnerable. As well, the existing open hearth in the middle of the houses is a danger for fire injuries to children, the elderly and epileptic patients. To address these hazards, since inception, HHC has introduced chimneys in houses in the villages. In 2010, a new and efficient wood stove prototype, modeled on ones promoted by Practical Action in Nepal, was introduced in Tipling, Shertung, and Lapa. This inexpensive, easy to construct, energy-efficient clay design allows the smoke to escape through a chimney and has reduced the consumption of firewood by one-half compared to the traditional stoves the villagers were using.

HHC-trained technicians from partnering youth groups in each village build the clay stoves. Bin Thapa Tamang, HHC stove supervisor for the three villages, promotes the stoves, ensuring that a growing number of villagers learn about the stoves and are instructed in their construction. The cost per stove, including labor, parts, transportation and training, has been reduced from approximately \$125 (US) to \$50 (US).

There is an increasing interest in our stoves as they decrease the time families spend collecting firewood. Environmentally they have helped decrease deforestation and improve the quality of air that the villagers breathe in their homes. Prior to the earthquake in April 2015, HHC had reached 26% of homes in Tipling, Lapa and Shertung with clean cookstoves.

HHC has worked with the following organizations to implement the stove initiative: Disable United Centre in Lapa, Rising Nepal Youth Club in Shertung, Rotary International, Rotary Club of Grand Island, Rotary Club of Kopundole, GlobeMed at CU (Boulder, CO) and Kuman Tamang in Tipling.



Photo Credits: Robert Stern



Photo Credit: Robert Stern



## 2. EDUCATION

Since 1993 HHC has supported village schools and adult literacy programs. Before our village programs were initiated, only a handful of children attended. Today, all of the villagers realize the importance of education.

### 2.1 Women's Empowerment

HHC's non-formal education program began in 1993 with one center in one village. By 1998 it had expanded to 27 centers in three villages. Over 90 percent of the students were adult women with some children who had had no formal schooling joined these classes as well.

Women showed great interest in these four-hour classes held after dinner, focusing on safer pregnancy, immunization, family planning, hygiene, latrine sanitation, alternative farming techniques, cash crops, skill training, voting rights, and women empowerment. To date, over 4,000 students have benefited from these programs, learning to read and write in Nepali, and over 60 children went on to enroll in school. HHC provided the facilitators' salary, blackboards, reading and writing material and other essentials, and the students contributed by transporting these materials to the villages.

In 2008, after many years of conducting literacy classes, HHC, at the suggestion of participants, began vocational training classes, which have been named Women Empowerment Classes. In 2015, 148 women from Tipling, Lapa and Shertung received hands-on training in family planning, safe motherhood, cleanliness, sanitation, and environmental-friendly practices.

HHC's Women Empowerment Classes were led by Priti, Keren Tamang and Dev & Dilu Gurung in Lapa; Manmaya, Asmita Tamang and Lali Gurung in Shertung; and Grace, John and Village Tamang in Tipling. This practical training has enabled these women to not only help themselves but also teach others. For example, they have learned to build a latrine in their home and also use these skills to help others do the same.



Photo Credits: Louis Decarlo

## 2.2 Village School Program

Village schools in Nepal are government run and require help with additional staff and funds. The villages have little financial means or manpower to support them. In 1995, after three years of discussion with local leaders, HHC was able to build a new Tipling school building, improve standards, and expand enrollment that initially was only 15 students (up to fifth grade). Presently, the Tipling School has over 300 students and has added grades six through ten.

Until 2012, two high schools, three lower secondary school and fourteen primary schools in the villages of Borang, Tipling, Shertung, and Lapa received support from HHC in the form of teachers' salaries, training programs, school renovation, and instructional materials. Beginning in 2013, at the instruction of the District Education Office (DEO) in Lalitpur, HHC shifted our resources from teacher salaries (now covered by the DEO) to increasing support for school infrastructure, furniture, and expansion of compound land. We continue to support stipends for orphaned and Dalit children.

There are only two high schools in Northern Dhading and most students in the rural areas stop attending school after their primary years due to lack of financial support. In 2015, HHC provided stipends for 41 Dalit students from Tipling, Shertung and Lapa whose families could not afford to put them through school and put food on the table. An additional 14 students were sponsored by HHC to complete higher studies in Kathmandu.

Many of the high school graduates are further supported when they attend technical schools and colleges. They receive training as health providers, teachers, and skilled technicians (carpentry, plumbing, tailoring, sewing, and knitting) and typically assume the running of their village health posts, schools, and trades in their villages.

A special thank you to Mr. Ramesh Shankar Shrestha and Mrs. Anju Shrestha who have supported our village stipend program since 2007.



### 2.3 Village Youth Managed Projects

HHC has supported village students for 21 years and these students have in the last few years initiated community-based organizations (CBO). These groups in turn support HHC's medical camps, building of permanent latrines, campaigns against malnutrition, and conduct women literacy classes and other HHC village projects.

HHC instructs these youth groups in organization and leadership skills to enable them to manage present village programs and projects and develop new ones. With the birth of these youth groups, HHC's advisory role will increase. The youth groups are also conducting social awareness campaigns that are showing encouraging results as more villagers choose to build toilets, send children to school and to participate in other village activities. HHC has also provided office furniture as well as computer training to the members of these groups to enhance their management of these programs.

### 2.4 Timla Hostel Building

In April 2015, during our Spring 2015 Medical Trek, HHC inaugurated the Timla Hostel, a 40-bed dormitory that had been under construction in Lapa since October of the year before. Hundreds of Nepalis from the Northern Dhading region joined HHC to celebrate the hostel and honor the community members who contributed labor to the project and the donors who made it possible. Between October and December 2014, 750 days of labor were contributed by 156 households toward leveling the land, carrying stone, wood and other building materials and lobbying for funds from government agencies, including the District Education Office, District Development Office, and others. Funds were also collected locally and from generous donors in the United States.

The hostel was intended to give a safe space to children who were previously walking two hours to school from remote corners of the Ankhu Khola valley, struggling each day to get to school or sleeping alone and in the rain and cold in the forest. Unfortunately, the land beneath the hostel collapsed during the April 2015 earthquake and the hostel became unusable.



Photo Credit: Louis Decarlo









### 3. INCOME-GENERATION

HHC continues to support various income generating activities in the villages, including raising chickens, angora rabbits, goats and pigs; harvesting cardamom and medicinal plants; and weaving, knitting and metal crafting.

#### 3.1 JeevanKala (Art for Life)

In 2015, HHC continued the production and sale of fair trade, environmentally friendly artisanal products under its crafts line, JeevanKala. Hundreds of women artisans who produce these crafts, along with their families, are supported by this project, which instills dignity and pride in the artisans. JeevanKala, meaning “Art for Life,” has been registered as a handicraft company in the United States and Nepal since 2012 and maintains two stores in Nepal, one in Thamel and one in Jawalakhel.

In 2015, we launched an e-commerce website, [www.jeevankala.com](http://www.jeevankala.com), so our supporters can purchase JeevanKala crafts online, and we participated in NY NOW, New York’s largest international trade show, where our crafts line was featured in a special display for Nepalese artisans. Following NY NOW, our products became available in 20 stores across the United States.

The profits from the sale of JeevanKala crafts support HHC’s humanitarian programs in Northern Dhading.

JeevanKala is a proud member of the Fair Trade Federation, which stringently vets its members for adherence to the following fair trade principles: Create Opportunities for Economically and Socially Marginalized Producers; Develop Transparent and Accountable Relationships; Build Capacity; Promote Fair Trade; Pay Promptly and Fairly; Support Safe and Empowering Working Conditions; Ensure the Rights of Children; Cultivate Environmental Stewardship; and Respect Cultural Identity.



Photo Credit: Robert Stern

We thank Laxmi Maharjan, Rita Karki, Rabina Maharjan, Saru Maharjan, Jyoti Shrestha, Gita KC and the many artisans who provide quality work, and Soni KC Parajuli, with support from Chandra Tamang and Rajan Paudyal, for helping to manage this unique handicraft project.

We invite all friends and supporters to shop for our crafts on [www.jeevankala.com](http://www.jeevankala.com) and to host craft sales in their homes to raise funds for all of HHC's village programs.

### **3.2. Livestock**

Tens of thousands of livestock in Tipling, Shertung and Lapa villages are vital to the survival and livelihood of Northern Dhading communities, who rely on livestock to produce fertilizer, milk and meat for consumption and for sale locally.

Following the earthquake in 2015, which claimed hundreds of cow, buffalo, sheep, goat, pigs, mules and yak in Tipling, Shertung and Lapa, HHC replaced \$77,000 worth of livestock for 242 households in the region, benefiting 1,415 villagers. The livestock replenishment program was generously supported by the Brother's Brother Foundation.

In addition, HHC has been helping villagers promote modern herding systems in order to maximize the output of the livestock and in turn the income of the farmers.

Since 2013, HHC has distributed loans for medications and other supplies to trained individuals in Shertung to help maintain the livestock in their village. In 2015, 24 types of medications were distributed and HHC hired veterinary technician, Man Bahadur, who manages livestock medical problems, from diarrhea to potential epidemics, that can affect this entire animal population.

Under Mr. Bahadur's leadership, HHC also has plans to provide training in artificial insemination in cattle. This will help increase and improve the cattle population in the three villages. Initial supplies and equipment to support this project will be provided by HHC.

### **3.3. Agriculture**

The villages in Northern Dhading have traditionally been dependent on crops such as corn, potato and barley, which are highly susceptible to unpredictable weather and have a high risk of infection from insects. This, combined with junk food brought in on mules from larger cities, resulted in poor nutrition and food insecurity for the region.

HHC started agricultural programs in 2009, distributing seeds to local farmers and organizing regular learning expeditions to agricultural sites in Ilam. To date, fourteen farmers groups have been created in Lapa, Tipling and Shertung, comprising a total 351 farmers. These farmers groups are set to bring more nutritious food to approximately 1,260 beneficiaries.



In 2015, HHC launched a model nursery in Shertung to serve as a demonstration center where villagers can learn modern agricultural techniques. Farmers here will now have access to seeds and seedlings, plants, fruit and other types of trees, fertilizer, technology and other farming materials. A small center for farmer training and workshops will eventually be created on this property by HHC and will help over 10,000 farmers for decades to come.

Nepal's Livestock Minister Shanta Manawi visited Shertung in Northern Dhading to oversee HHC's livestock replenishment efforts. His visit and HHC's work was covered in the Kathmandu Post.

## Quake-hit Dhading farmers compensated for dead cattle

- DEWAN RAI, SHERTHUNG (DHADING)



**Jan 11, 2016** - Pode Tamang grinned awkwardly as he received Rs 43,000 cash compensation from Livestock Minister Shanta Manawi for livestock killed by April 25 earthquake. He looked struggling for words to respond as minister wished him good luck.

Tamang received the amount swaddled in envelop, slid it into his long

sleeved robe and left. He kept grinning until one of the villagers asked him how much the amount is. "I don't know," he replied in Tamang language.

Forty-eight-year old Tamang, who looked much older than his age, had neither imagined an earthquake nor dreamed of meeting a minister in his life. However, he recalled the day as most horrifying moment of his life.

"I was in another village," he said, adding, "My wife, who had taken cattle for grazing, luckily escaped the landslide caused by earthquake, but it swept away buffaloes, an ox and goats."

Kharsa village of Sherthung VDC lies right at the foot of Mt Ganesh, located at two days walking distance from district headquarters. Villagers miraculously escaped death, but all houses collapsed and quake triggered landslide swept away many cattle.

Himalayan Health Care, a non-profit organisation, was the first one to reach villages in the northern part of the district to rescue people after the earthquake. The organisation raised funds from various donors to supply goods and health support.

Minister Manawi on Sunday visited Sherthung to distribute the amount to villagers so that they will be able own cattle again. "The compensation for cattle killed in the earthquake is a good support for farmers," she said. "Our ministry will also come up with plans to support farmers affected by the earthquake."





# ILAM HOSPITAL

In April 2004, HHC launched the Dr. Megh Bahadur Parajuli Community Hospital (DMBPCH) in Ilam, in the eastern most part of Nepal. Before the building of this hospital, over 250,000 people living in 48 villages and two large towns had only one doctor, at the local government hospital, providing healthcare. Patients had to spend their much-needed resources visiting hospitals across the border in India or in larger Nepali towns many hours away.

Per the initial plans, the hospital would help standardize healthcare at the district level, be a model of a decentralized healthcare system in rural and semi-rural Nepal, and find means to be sustainable. Within five years of the completion of the hospital, we had envisioned training local leaders to manage the hospital to a level where it could be handed over to the community in a self-sustaining manner. This plan would have allowed the hospital to be independent of HHC financially. HHC would continue to support and advise the hospital through the training of local health providers, coordination of both international medical and dental volunteers, running of the medical and dental village camps, as well as donations of equipment and instruments.

To this day, the Dr. Parajuli Community Hospital continues to bring healthcare to the doorsteps of the villagers. In 2015, 2,053 patients were treated and the hospital carried out four camps where 847 patients received medical care.

Our services have allowed many of our patients to receive their needed specialty care at our hospital, thus saving them from traveling long distances to the medical centers in the terai (low lands) or the Indian border towns. The medical camps have also allowed the villagers to learn about the various services available at our hospital. These camps were run with the support of the hospital staff, local village committees and organizations and clubs, international organizations and many other individuals. HHC is grateful to all of them.



Photo Credit: Louis Decarlo



## ILAM MEDICAL CAMPS

S.N	Mon	Village	Type	Patients	Hospital Team	Support by
1	Aug	DMBPCH Ilam	OPD Dental Ortho Cardio Gyno	21 36 144 65 84	Dr. Rakshya Parajuli (Medical Officer), Ms. Bina Lungeli (S.N), Ms. Lila Subedi (ANM), Ms. Amrita Pithakoti (ANM), Ms. Juni Gurung (ANM), Ms. Jyoti Basnet (ANM), Mr. Khagendra Thakuri (Receptionist), Ms. Januka Nepal (Receptionist), Ms. Rita Neupane (CMLT), Ms. Nandu Rai (Ward Attendant), Mr. Sunil Karki (Ward Attendant), Mr. Ram Bdr. Gurung (Gardner), Mr. Kamal Lingden (Watchman), Mr. Kumar Subedi (Watchman), Mr. Dipak Dhungana (Account Officer), Mr. Khyam Raj Ghimire (Admin Officer), Mr. Rabin Rayamajhi (Support Service In-charge)	<b>Purna Thunga Birtha Hospital, Jhapa:</b> Dr. Anil Basnet (Cardiologist), Dr. Romy Budhathoki (Dental Surgeon), Dr. Amit Deo (Gyn/Obs), Dr. Kumud Kumar Limbu (Ortho)  <b>Local Support:</b> District Health Office, Ilam (DHO), District Development Committee, Ilam (DDC), District Police Force, Ilam, Green City Women Group, Ilam, Sungava Saving & Credit Co-Operative Limited, Ilam, Kala Sansar Suppliers, Ilam, Ilam Channel, Ilam, Ilam F.M. Ilam, Sandakpur Daily, Ilam
2	Dec	Barbote	OPD	148	Dr. Nirajan Shrestha (Medical Officer), Ms. Amrita Pithakoti (ANM), Ms. Lila Subedi (ANM), Ms. Jyoti Basnet (ANM), Mr. Khagendra Thakuri (Receptionist), Ms. Rita Neupane (CMLT), Ms. Nandu Rai (Ward Attendant), Mr. Dipak Dhungana (Account Officer), Mr. Khyam Raj Ghimire (Admin Officer)	RIBS Boarding School Barbote, Ilam, District Health Office, Ilam, District Police Force, Ilam
3	Dec	Barbote	OPD	192	Dr. Nirajan Shrestha (Medical Officer), Ms. Amrita Pithakoti (ANM), Ms. Lila Subedi (ANM), Ms. Jyoti Basnet (ANM), Mr. Khagendra Thakuri (Receptionist), Ms. Rita Neupane (CMLT), Mr. Sunil Karki (Ward Attendant), Mr. Dipak Dhungana (Account Officer), Mr. Khyam Raj Ghimire (Admin Officer), Mr. Rabin Rayamajhi (Support Service In-Charge)	Shree Durga Primary School Barbote, Ilam, District Health Office, Ilam, District Police Force, Ilam  <b>Camp Volunteer Support:</b> Mr. Bal Krishna Phuyal (HA) District Hospital)
4	Dec	Maipokhari	OPD	157	Dr. Nirajan Shrestha (Medical Officer), Ms. Amrita Pithakoti (ANM), Ms. Lila Subedi (ANM), Ms. Jyoti Basnet (ANM), Mr. Khagendra Thakuri (Receptionist), Ms. Rita Neupane (CMLT), Mr. Sunil Karki (Ward Attendant), Mr. Dipak Dhungana (Account Officer), Mr. Rabin Rayamajhi (Support Service In-Charge)	Shree Shiva Satsang Bhajan Mandal, Maipokhari Ilam, District Health Office, Ilam, District Police Force, Ilam  <b>Camp Volunteer Support:</b> Dr. Maheshshore Yadav (MBBS) Mr. Kamal Subedi (Supervisor) from FPAN

## ILAM HOSPITAL SUPPORT

HHC's Dr. Megh Bahadur Parajuli Community Hospital and medical camps in Ilam rely on the generous support of our hospital staff, local village committees and organizations, international institutions, volunteers and many other individuals. We are grateful to all who supported our operations in 2015.

Admin Staff Name	Post	Medical Staff Name	Post
Mr. Khyam Raj Ghimire	Hospital Director	Dr. Rakshya Parajuli	Medical Officer
Mr. Dipak Dhungana	Account Officer	Ms. Bina Lungeli	Staff Nurse
Mr. Rabin Rayamajhi	Support Service In-Charge	Ms. Juni Gurung	ANM
Ms. Januka Nepal	Receptionist	Ms. Amrita Pithakoti	ANM
Mr. Khagendra Thakuri	Receptionist	Ms. Lila Subedi	ANM
Mr. Nandu Rai	Laundry Assistant	Ms. Jyoti Basnet	ANM
Ms. Maya Devi Shrestha	Ward Attendant	Ms. Rita Neupane	CMLT
Mr. Ram Bahadur Gurung	Gardener		
Mr. Sunil Karki	Ward Attendant		
Mr. Kamal Lingden	G-Force		
Mr. Kumar Subedi	G-Force		

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Shree Durga Primary School Barbote, Ilam
Shiva Satsang Bhajan Mandal Maipokhari, Ilam

Volunteer Name	Position	Date
Dr. Mary Marget	OB-GYN Doctor	10th March to 20th March 2015
Christina Madden	US Director, HHC	15th April to 16th April 2015







# MEDICAL TREKS

Himalayan HealthCare has organized medical and dental treks since 1992, bringing international physicians, dentists, nurses, mental health workers and other volunteers to the remote Northern Dhading villages to train our local health staff and help them treat patients in our medical camps.

HHC organized one medical trek in the Spring of 2015 with 19 volunteers joining us from the United States and Canada. Roughly half the volunteers had trekked with us before, with a handful joining us for the third time. Overall 758 patients were treated during two medical camps in the villages of Lapa and Jharlang, and our local health staff received valuable training on delivering breech babies and other important medical issues.

Patients came to the HHC camps with a wide range of ailments, including respiratory infections, serious burns, vision problems and more.

One young woman came to us with debilitating seizures occurring up to nine times per day, interfering with her studies and other activities. HHC staff and volunteers spent two days with the patient, speaking with her and her family and evaluating the extent of her disorder and its impact on her day-to-day life. After these discussions, the patient accompanied HHC to Kathmandu to undergo further evaluation. We are hopeful that her seizures will be brought under control so that she can attend school and live a more full life.





## SPRING 2015 TREK PARTICIPANTS

### International

Dr. Robert Mckersie (HHC President, Family Medicine)  
 Christina Madden (HHC US Director)  
 Dr. Karen Kost (ENT)  
 Dr. Paul Kenneth Stephenson (Ortho)  
 Dr. Thomas Kim (Family Medicine)  
 Dr. Julie Kim (Neurologist)  
 Dr. Jacqueline Elane Yaris (Physician)  
 Dr. Ashika Jain (Emergency)  
 Dr. Thanh Tran Andreacos (Emergency)  
 Dr. Catherine Mygatt (Family Medicine)  
 Elizabeth Walton (Physiotherapist)  
 Sharon Houston (Nurse)  
 Sarah Niekro (Nurse)  
 Ashley Cavignano (Nurse)  
 Barbara Rose (Nurse)  
 Kim Auth (Pharmacist)  
 Daniel Kost (Mechanic Engineer)  
 Maria Tran Andreasko (Student Volunteer)  
 Julia Eve Yaris (Student)  
 Karl Naden (Consultant)  
 Ellie Falletta (Volunteer)

### Trek Team

Bhagya Sunuwar (Head Cook)  
 Rajkumar Sunuwar (Second Cook)  
 Ram Sunuwar (Kitchen)  
 Santa Sunuwar (Kitchen)  
 Jhikmi Tamang (Kitchen)

### Nepal

Sharad (Anil) Parajuli (HHC Coordinator)  
 Soni KC Parajuli (HHC Nepal CEO)  
 Shambhu Thakuri (HHC Dhading Liaison)  
 Sapta K. Ghale (Field Coordinator)  
 Kul Mani Pokharel (Trek Manager)  
 Sunil Shrestha (Architect)  
 Bishnu Rijal (DHI)  
 Machhindra Neupane (DPHI)  
 Sah (Statistics DHO)  
 Prakash Shrestha (Pharmacy)  
 Phedorje Tamang (HA Student)  
 Jir Ghale (Village Supervisor)  
 John Tamang (Village Supervisor)  
 Suni Maya Tamang (Village Supervisor)  
 Bin Thapa (Porter-in-charge)  
 Sidhant Bhattarai (Volunteer)  
 Jaylal BK (Village Supervisor)  
 Sushma Tamang (Lab. Technician)  
 Rek Tamang (Lab. Assistant)  
 Tenjen Tamang (Agriculture Technician)  
 Saharsha Parajuli (Student)  
 Priyasha Parajuli (Student)

Chuk Ghale (Sherpa)  
 Yogen Tamang (Sherpa)  
 Madhav KC (Sherpa)  
 KB Sunuwar (Kitchen)  
 Santosh & Iswor Sunuwar (Kitchen)



Disease	Patients in Lapa	Patients in Jharlang	Total Patients	Percentile
Diarrheal disease	23	25	48	6.33
Skin disease	23	21	44	5.80
Respiratory tract infection	17	18	35	4.62
Parasite infestation	7	9	16	2.11
Abscess & cellulites	4	8	12	1.58
Burn and scald	3	2	5	0.66
ENT problem	19	26	45	5.94
Eye problem	37	24	61	8.05
COPD	16	10	26	3.43
Oro/dental problem	14	19	33	4.35
Rheumatic disease	2	1	3	0.40
Mental problem	1	2	3	0.40
GYN problem	9	11	20	2.64
Urinary tract infection	8	16	24	3.17
Fracture & dislocated	3	4	7	0.92
Gastritis or GERD	44	48	92	12.14
Viral infection	12	20	32	4.22
Insect or animal bite	1	2	3	0.40
Heart problem	2	3	5	0.66
Hernia	1	2	3	0.40
Hypertension	10	8	18	2.37
Sexually transmitted disease	2	6	8	1.06
ANC checkup	9	14	23	3.03
Tonsillitis & sinusitis	6	7	13	1.72
Male reproductive organ problem	5	3	8	1.06
Hemorrhoid	1	3	4	0.53
Arthritis	44	40	84	11.08
Neuro/ spinal problem	1	2	3	0.40
Epilepsy	2	3	5	0.66

Disease	Patients in Lapa	Patients in Jharlang	Total Patients	Percentile
Migraine headache	6	5	11	1.45
Infertile	0	1	1	0.13
Foreign body	2	3	5	0.66
Cyst & suspected cancer	8	5	13	1.7
Malnutrition	4	3	7	0.92
Routine check up	8	12	20	2.64
Other	11	7	18	2.37
<b>Total</b>	<b>365</b>	<b>393</b>	<b>758</b>	<b>100</b>



Nepalese and international participants in HHC's Spring 2015 Medical Trek to Lapa and Jharlang, where 758 patients were treated in two medical camps







# EARTHQUAKE RELIEF AND RECOVERY

On April 25, 2015, a magnitude 7.8 earthquake struck Nepal, devastating the Northern Dhading region and surrounding areas. This was followed just weeks later by a magnitude 7.3 earthquake and hundreds of aftershocks.

In total, more than 9,000 lives were lost and upwards of 770,000 homes, 50,000 classrooms and 1,000 health posts were destroyed nationwide. Entire villages in Northern Dhading were leveled. .

Within 24 hours of the earthquake, HHC had 7 metric tons of food and a medical relief team in Dhading.

Within 10 days, HHC had:

- Donated power supply and medical equipment to the district government
- Delivered 40 metric tons of food, 1.5 metric tons of medicines and 3 metric tons of non-food supplies to Northern Dhading
- Treated patients in two isolated and badly hit villages
- Assessed damage in Northern Dhading villages
- Organized communities in 4 villages to begin rebuilding

HHC served as a trusted local partner to AmeriCares, NYC Medics, Global Medic, the United Nations World Food Programme and other international organizations looking to deliver supplies to Dhading District.

We continued supporting the communities of Northern Dhading over the course of 2015 and that work will continue into the foreseeable future. Read more about our earthquake relief and recovery work in the pages that follow..

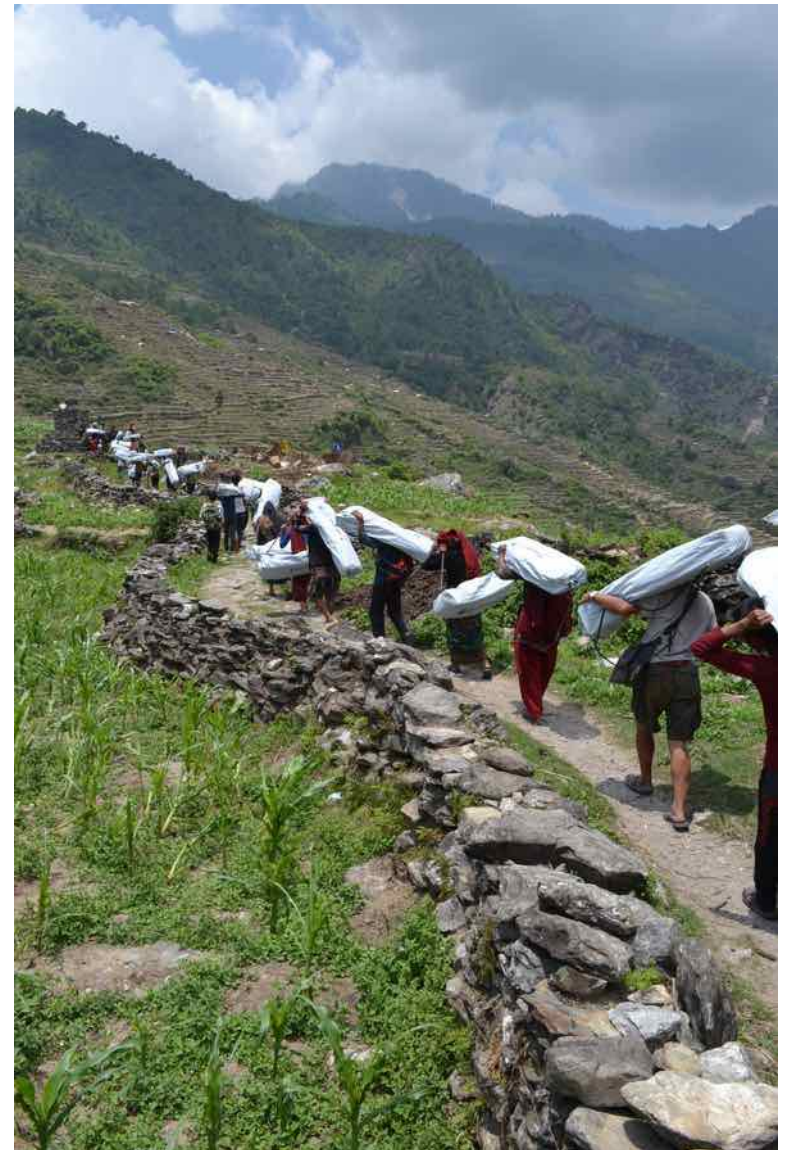


Photo Credit: Robert Rosenthal

## MEDICAL RELIEF



Photo Credit: Robert Rosenthal

HHC-trained health providers were on the ground in Northern Dhading helping to treat patients in the immediate aftermath of the earthquake. HHC also organized three formal medical relief camps in Lapa and Reegaun in Northern Dhading and in Kathmandu's Bagdol region. The latter is ongoing with 232 patients treated during 2015.

HHC President Dr. Robert McKersie and past President Dr. David Johnson took part in the medical relief camp in Lapa, held between May 16 and May 20, 2015. They were joined by US-based volunteers Drs. Gerald Donowitz, Ashika Jain and Gary Nichols, nurse John McHarney and communications specialist Robert Rosenthal. 807 patients were treated and community members were given lessons on sanitation and ensuring their drinking water was safe in the aftermath of the disaster.

NYCMedics accompanied our Ilam hospital staff to Reegaun for a medical relief camp where 670 patients were treated between May 20 and May 28, 2015.

A total of 1,709 patients were treated at the Lapa, Reegaun and Bagdol medical relief camps in 2015.



## EMERGENCY FOOD AND SUPPLIES DISTRIBUTION

HHC began providing emergency food supplies to the Northern Dhading community within 24 hours of the earthquake. A total of 2,258 households in Tipling, Shertung and Lapa received rice, lentils, sugar, oil and salt.

HHC also distributed supplies, including electrolyte drinks, sanitary pads, soap and portable solar electricity supply to 898 households, while more than 300 tents were distributed to those in need throughout Kathmandu and Northern Dhading.

Oppressed communities—known as Dalit—additionally received water filter bags and sanitation kits to ensure their access to clean water. A majority of the metal pots traditionally used to collect and distribute water were broken in the earthquake and therefore unfit to carry water in a hygienic way. HHC distributed water filter bags and sanitation kits to 809 Dalit people in Shertung, Tipling and Lapa.

HHC also distributed 35 water filter bags to four schools in Shertung, benefiting 635 students and teachers and demonstrated the bags' functions.

We are grateful to AmeriCares for providing the water filter bags and sanitation kits; Brother's Brother Foundation, American Jewish World Service, Rabindra Joshi, Navneet, Santosh, Sachidananda Shetty and like-minded friends for providing emergency food and medicines; and Meijer USA, Dr. David Wohms, Pam Kleibusch and the U BATCH and other alumni of AFMC, Pune, India for providing the tents.

Village	Households	Beneficiaries	Rice (kg)	Lentil (kg)	Sugar (kg)	Oil (ltr)	Salt (kg)
Tipling	506	2028	14196	1012	1012	1012	506
Sertung	918	3590	25130	1836	1836	1836	918
Lapa	834	3477	24339	1668	1668	1668	555

Households	ORSL	Sanitary Pads	Soap	Portable Solar	Water Bags
898	898	1796	898	923	200



## LONG-TERM FOOD RELIEF AND LIVESTOCK REPLACEMENT

Brother's Brother's Foundation continued support for supplementary food relief for the month of July and the replacement of livestock for 242 households whose animals and livelihood were lost in the earthquake.

Village	Households	Beneficiaries	Replaced Animals						
			Cow	Buffalo	Sheep	Goat	Pig	Mule	Yak
Sertung	58	390	36	9	53	99	0	0	0
Tipling	91	490	97	1	64	146	0	0	10
Lapa	93	535	73	10	45	195	4	1	0
<b>Total</b>	<b>242</b>	<b>1415</b>	<b>206</b>	<b>20</b>	<b>162</b>	<b>440</b>	<b>4</b>	<b>1</b>	<b>10</b>



Photo Credit: Robert Rosenthal



Under a partnership with the United Nations World Food Programme (WFP), HHC continued to deliver a total of 704,250 kg of rice and 126,765 kg of pulses to the region through the end of the 2015 calendar year.

As part of WFP's "Work for Assets Creation" program, HHC and members of the Northern Dhading community completed more than 83 kilometers of trail reconstruction and 10.8 kilometers of road construction in the region in exchange for food donations. They also constructed a helipad and demolished schools that had been damaged beyond repair during the earthquake.

As a result of this work, carried out by roughly 7,000 households in the area, Shertung, Reegaun, Jharlang and Tipling are accessible by roads for the first time in history.

This achievement will significantly improve earthquake relief efforts as locals will not be reliant on costly helicopter transport or outside organizations for supplies. In addition, we anticipate road access to have a major impact on development prospects for the area.

Village	Households	Population			Food Support		
		Male	Female	Total	Rice	Pulses	Total
Reegaun	1482	3462	3557	6979	222300	40014	262314
Lapa	998	2006	2370	4357	149700	26946	176646
Sertung	691	1632	1787	3408	103650	18657	122307
Tipling	625	1392	1464	2846	93750	16875	110625
Jharlang	899	2158	2515	5076	134850	24273	159123
	4695	10650	11693	22666	704250	126765	831015

Projects Completed	Unit	Length	Mandays	Cost Equivalent
Reconstruction of Foot Trails	km	83.38	122759	65808512
Rural Road Construction	km	10.809	58800	31290281
Helipad Construction	-	-	4802	2542196
School Demolition	-	-	1951	1110875
Agriculture Training	days	-	1720	8600000



## REPAIR AND RECONSTRUCTION OF DHADING DISTRICT HOSPITAL & HEALTH POSTS

HHC and AmeriCares are collaborating on the repair and reconstruction of eight Dhading area health posts and the renovation of the Dhading District Hospital. This 18-month collaboration will involve local community members as well as a team of construction engineers and post-disaster experts to ensure these sites are not just recreated but rebuilt stronger and more sustainably.

The project has taken into consideration a needs assessment of the Dhading District Health Office and local health providers. It will be carried out under a Memorandum of Understanding with the Government of Nepal's Ministry of Health and Population and will follow the Ministry's master plan, guidelines and building codes. Under the partnership agreement, AmeriCares and HHC will collaborate on site assessment, repair and reconstruction.





## SCHOOL SUPPORT AND RECONSTRUCTION

With significant damage caused to all schools in the Northern Dhading Region, HHC provided tin sheets to create temporary learning environments for students to continue their studies in the short-term. This also allowed students to regroup with their peers and teachers to help them process the significant changes and loss they had experienced as a result of the earthquake. Tinsheets were provided to 16 schools in Lapa, Tipling and Shertung, reaching 2,167 students.

Over the longer term, HHC is seeking funding to reconstruct and furnish primary and secondary schools in Tipling, Shertung and Lapa. Under the master plan developed by HHC, schools will be rebuilt to higher standards than they were prior to the quake to include separate toilets for boys and girls, clean water supply, a library and other facilities.

Construction and design will consider the ideal learning environment for students and HHC plans to provide teacher training and curriculum enhancement to integrate critical thinking and other important skills sets. It is HHC's hope that this will serve as a model for education reform throughout rural Nepal.

In December 2015, HHC signed a memorandum of understanding with Nepal's Department of Education outlining HHC's participation in the reconstruction of schools in Northern Dhading.

Lapa Schools	Students	Classrooms	Tinsheets (bundle)
Shree Ganesh Himai Primary School	94	6	4
Shree Lasangkarpo Primary School	92	5	3
Shree Dongdendevi Secondary School	286	11	8
Shree Gothendevi Primary School	140	6	4
Samten Choling Gumba Primary School	23	2	2
	635	30	21

Tipling Schools	Students	Classrooms	Tinsheets (bundle)
Hindung Primary School	124	6	4
Kharsa Gaun Primary School	58	3	3
Shree Kanneyadevi Primary School	73	6	4
Shree Duwangdevi Primary School	54	4	3
Shree Mukrapdevi Higher Secondary School	447	14	10
	756	33	24

Shertung Schools	Students	Classrooms	Tinsheets (bundle)
Nebir Primary School	55	5	3
Shree PanchaKanneya Primary School	32	3	2
Shree Timlia Lower Secondary School	177	9	6
Shree Satkanneya Primary School	113	5	4
Shree Himalaya Saraswati Lower Secondary School	143	9	6
Shree Ruptung Primary School	87	4	3
	776	48	24





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We are grateful for all of the generous donors who make our work in Nepal possible. Following the earthquake, we received an outpouring of support from all corners of the globe as friends of HHC rallied their networks behind our organization and the people of Nepal. Donations came in from high schools, ski clubs, breweries, music schools, law firms and medical offices, in addition to aid agencies, community and family foundations and other institutions. Words cannot express how thankful we are for this generosity and the important work all of our donors have helped us accomplish during this time of immense need.

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Dylan Brown  
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Beth DeGarmo  
Kara Degiovanni  
Ronald DeRosa  
Ranganath Devati  
Gunbir Dhillon  
Kalina Dimova  
Jane Dissin  
Ram Dixit  
Philip Dodge  
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Maurice R. Dunie  
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Photo Credit: Dr. Robert McKersie



# CONSOLIDATED FINANCIAL STATEMENTS

YEAR ENDING DECEMBER 31

Please note that these are unaudited consolidated financial statements prepared by HHC. Audited unconsolidated financial statements of HHC's U.S. and Nepali accounts are available upon request. These accounts exclude activities of Jeevankala, LLC, wholly owned for-profit subsidiary of Himalayan HealthCare, Inc., which is engaged in distributing artisanal handcrafts in the U.S.

Numerous volunteers have contributed many hours to HHC's program. HHC has valued the program-related services at fair market value because those services constitute an integral part of the efforts of the organization and would be purchased if not provided by volunteers. Equivalent amounts of revenue and expense are recognized for these services.

REVENUE	2015	2014
Cash and Securities Contributions	\$1,091,581	\$482,211
Sales of Goods and Services	-	-
Investment Income	(50)	885
In-Kind Donations and Services**	81,104	88,482
Donations of Medicines and Equipment	-	-
<b>TOTAL REVENUE</b>	<b>\$1,172,635</b>	<b>\$571,578</b>
EXPENSES	2015	2014
<b>CASH EXPENSES</b>		
Program Expenses	\$630,066	\$246,545
Administrative Expenses	165,868	163,126
Fundraising Expenses	4,900	12,404
<b>TOTAL CASH EXPENSES</b>	<b>800,834</b>	<b>422,075</b>
<b>IN-KIND EXPENSES</b>		
Contribution of Services**	81,104	88,482
Contributions of Medicines and Equipment	0	0
<b>TOTAL IN-KIND EXPENSES</b>	<b>81,104</b>	<b>81,104</b>
<b>DEPRECIATION</b>	<b>35,201</b>	<b>38,161</b>
<b>TOTAL EXPENSES</b>	<b>\$917,139</b>	<b>\$548,718</b>
EXCESS OF REVENUE OVER EXPENSES	2015	2014
REVENUES	\$1,172,635	\$571,578
EXPENSES	(917,139)	(548,718)
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>\$255,496</b>	<b>\$22,860</b>



# HIMALAYAN HEALTHCARE

P.O. Box 737

Planetarium Station

New York, NY 10024

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[info@himalayanhealthcare.org](mailto:info@himalayanhealthcare.org)